

● PRINTER RUSH ●

(PTO ASSISTANCE)

I F W

Application : <u>09/778388</u>	Examiner : <u>Schnizer</u>	GAU : <u>1635</u>
From: <u>S.G.C.</u>	Location: <u>IDC</u> FMF FDC	Date: <u>2-10-05</u>
Tracking #: <u>06644398</u>		Week Date: <u>11-29-04</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> <u>CLM</u>	<u>10-18-2004</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Improper Dependency: Original Claims 6, 7, and 15
depend upon higher numbered original claim 19. Please Resolve.

Thank You,
S.G.C.

[XRUSH] RESPONSE: _____

INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
 REV 10/04